EXHIBIT 11
DATE 2-13-15
HB 438

Human Services Committee OPPOSE HB 438

"Providing a limitation on rules for new or revised health care-related scopes of practice."
Suggests rules are defective, that Boards have erred.
"because legislators suggest that the parameters are better left to be set by knowledgeable practitioners" and "disputes among health care professions often require in-depth understanding of technical details and specific knowledge" and
"determinations about scopes of practice may be most efficiently handled by a committee composed of interested parties....whom possess relevant, specific or technical information"
Indicates that legislators are not capable of making intelligent, informed decisions regarding health care.

Section 5(2)(b) "scope of practice that overlaps..." "profession with the greatest number of licensees"
Appointing licensees from the profession with the highest number of licensees contradicts the that the purpose of this committee requires in-depth understanding and specific knowledge....
as the group with the greatest number of practitioners does not automatically indicate in-depth knowledge. This also completely overpowers smaller Professional Boards (i.e. Medical Examiners 8,079, Nurses 15,023 members versus 364 Chiropractors, 188 Optometrists, 99 Naturopathic Physicians.

Section 4(3) and 5(5) The funding and anticipated expenditures do not balance; therefore this bill would cost the taxpayers more money. In addition, smaller professions and individuals may be at a disadvantage by being forced to pay for a rule or scope change.

Section 6(1)(b) The deadline of 45 days before August prior to the year of Legislation creates another obstacle for a group or individual to present bills to their legislators.
Section 6 (9) Specifically strips Boards of the ability to adopt rules regulating it's professionals scope of practice.
Section 6(10) Proposes a retroactive review of previous legislation. This could be considered unconstitutional and another waste of taxpayers dollars.

Section 7(3) This section would appear to undermine current Board licensing qualifications and require the Department of Labor and Industry to "develop standardized questions" to evaluate scope of practice. Yet previous statements indicate that only the technically trained can make these determinations. Therefore the DLI would not be qualified to make such questions, and if required to do so, would cost take time and costs to do so.
Section 7(4) "request from the department a history of evidence that the licensing board has functioned adequately in protecting the public". This section would intimate that the DLI and the Governor's office are not currently properly monitoring and administrating the licensing Boards.

Section 8(1) A review of "proposed or adopted" rules; therefore anyone at anytime who could afford to do so could question any rules past, present or future. The DLI has more than enough to do without having to look back over previous rulings. Potentially all rulings may thus be scrutinized as standard of health care change; which could tie up the DLI in endless, time and costly process.

Section 9 and 10 related to Section 2-8-402 and Section 2-8-403, MCA. Basically making an exception in creating new boards or combining existing boards for any health care profession....which would be required to fulfill this bill's Section 1-8. Therefore, a health care profession with large resources of people and money could influence the very existence of smaller profession boards.

Respectfully Submitted this 13th day of February, 2015
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